# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/568410

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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PTO-1360 (REV. 11/04)